## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

DIOP-07900

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			53					RATE	FEE	].	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			53 minus 20=		• 33			X\$ 9=	297	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*	2		X43=	86	OR	X86=.	·
ML	ILTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=	0	OR	+290=	
* If the difference in column 1 is less than zero,					"0" in d	column 2		TOTAL	7/8	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Co						(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL	
		CLAIMS		HIGH		(Column 3)	) r			1		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF MU	Minus	***	CL AINA	=		X43=		OR	X86=	
<u> </u>	FIRST PRESE		DETIPLE DEF	ENDENI	CLAIN		<u>ا</u> ا	+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												•
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST SER USLY	PRESENT EXTRA		RATE:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	****		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL			TOTAL	
ADDIT. FEE ADDIT. FEEL (Column 1) (Column 2) (Column 3)												÷
	`	CLAIMS	. [	HIGHE		(Coldinia)	i –		· · · · · · · · · · · · · · · · · · ·			·
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA			ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		ا ۔	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT, FEE	
. 1	r the "Highest Nui The "Highest Num	mber Previously Pa ber Previously Paid	id For IN THIS I For (Total or	SPACE is Independer	less than nt) is the	n 3, enter *3.* highest number		DIT. FEE	opriate box.			